

## FORGERY AFFIDAVIT

PAYEES NAME: \_\_\_\_\_  
WARRANT NUMBER: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
DATE WARRANT PAID: \_\_\_\_\_ FUND ACCOUNT NUMBER: \_\_\_\_\_  
OTHER: \_\_\_\_\_

This affidavit is to certify that I did not endorse, cash, receive, or derive any benefits from the State of Alabama Warrant described above. I did not authorize its endorsement and to my knowledge no member of my family or any other person known to me has received any benefits therefrom.

If I later receive the warrant, I agree to return it immediately to the State of Alabama agency to which I am submitting this affidavit. If I dispose of the warrant in any manner other than as specified herein, I am informed I may be subject to criminal prosecution under Alabama or Federal Law.

A copy of this affidavit and the warrant may be turned over to the Alabama Bureau of Investigation in the Department of Public Safety to determine if evidence of forgery or other misuse exists. The case may be prosecuted. I understand I will be required to testify in court as needed.

I represent under oath by signing this affidavit that my statements in this affidavit are true and correct. I have been informed that making a false claim or giving a false affidavit is a crime punishable by law, and upon conviction, I may be fined or imprisoned or both as provided by applicable state or federal law.

**ALL PAYEES MUST BE SWORN AND SIGN THIS AFFIDAVIT IN THE PRESENCE OF THE NOTARY PUBLIC.**

\_\_\_\_\_  
SIGN FULL NAME (AREA CODE) TELEPHONE NUMBER

\_\_\_\_\_  
CURRENT STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
SIGN FULL NAME (AREA CODE) TELEPHONE NUMBER

\_\_\_\_\_  
CURRENT STREET ADDRESS CITY STATE ZIP CODE

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL